DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death. 1. PLACE DF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY and completely filled in by the fremove carbon papers. Pages 1 any event, within 72 hours after MARYI AND 0 b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c, CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) Kura rince d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ND.X YES death certificate be executed within 3. NAME OF Middle Last DATE Month Oav Year DECEASED (Type or print) DEATH 19 5. SEX 6. CDLOR OR RACE 7. MARRIEO X DATE OF BIRTH AGE (in years | IF UNOER 1 YEAR | IF UNOER 24 HRS. last birthday) Months Oavs Hours WIDOWED OIVORCED [ physician a n please re val, and in a 10a. USUAL DCCUPATION (Glye kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) INDUSTRY , 11.5.14 mee 13. FATHER'S NAME attending phy rmit. Then p n, or removal, MOTHER'S MAIOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SDCIAL SECURITY ND. | 17. INFORMANT Address been signed by the attenthe burial-transit permit. (Yes, no, or unkown) | (Iffyes give war or dates of service) CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. OEATH WAS CAUSED BY: O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. Cerebral Hemorrhage IMMEDIATE CAUSE (a) **OUE TO** Hypertensive C. V. Disease Cenditions, if any, which gave rise to immediate as the prior to **OUE TO** cause (a), stating the certificate has the for use as the for use as to the alth prior underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTDPSY PERFORMED? Hemiplegia for past 4 years YES ND A 20a. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TOR: After this certifications of the State Dept. of H 20b. DESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) factory, street, office bidg., etc.) Hour a.m. While at work Not While at work p.m. FUNERAL DIRECTOR: A director, page 3 should hould be filed with the 21. I certify that (I) (this hospital) attended the deceased from 1967 . that (I) (we) last and that death occurred a2:227M, from the causes and on the date stated above. saw the deceased alive on. 19 SIGNATURE 22b. DATE SIGNED ATTENOING MEO. STAFF 2-27-67 DIRECTOR PHYSIC LAN'S 22d. ADDRESS director, p Jett Frederick, Maryland Page BURIAL, CREMATION, 23b. OATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL (Soecify) 20 FUNERAL DIRECTOR ADORESS REG'O BY REGISTRAR | 25b. REGISTRAR'S SIGNATUR

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01997 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admissing PLACE OF DEATH o. COUNTY and 3 to M3. Poge O. STATE ? b. COUNTY 0 death. MARYLAND delay Deportment b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN outside carparate limits, write RURAL and give nearest town rite RURAL and give neorest town ofter e. IS RESIDENCE ON A FARM? cd. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS hours along with form NO X in Item 18. Give Pages ate YES hours ofter death. ALVIN First MAY HUGH Middle BELL NAME OF Last 4. DATE Month Year Doy DECEASED OF (Type or print) 19 DEATH S. SEX 6. COLOR OR RACE AGE IF UNDER IF UNDER 24 HRS NEVER MARRIED DATE OF BIRTH (In years last birthdov) Months Dovs Hours WIDOWED DIVORCED Office ond 100. USUAL OCCUPATION (Give kind of work done NOW KIND OF BUSINESS OR BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? U.S Examiner's VUD WASHINGTON pencil 13. FATHER'S NAME be executed within 14. MOTHER'S MAIDEN NAM \_ TEMPLE BELT KAISER and AL SECURITY NO. 17 INFORMANT CEWINKLE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 8518 144 PLACE HYATTSUILLE, MD permit. removol. (Yes, no, or unknown) (If yes give wor or dotes of service) pending" INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) e, writing the word forwarded to the Ch This certificate should cremation, DUE TO Conditions, if ony, which gove rise to immediate couse (a), DUF TO stoting the underlying couse lost. SD buriol, nsed PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVED IN PART 19. WAS AUTOPS) PERFORMED? the certificate. YES NO 0 pe 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) prior pluods PRIMARY OF CONTRIBUTING should CAUSE OF DEATH MEDICAL agent, 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Ноиг о.т. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge pleose execute designated 21. I certify that I took charge of the remains described above, held on Autopsy 10 Inspection Inquiry ond in my opinion deoth resulted from: Noturol couses Suicide the funeral director. Accident Homicide Undetermined monner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE O DEPUTY 10 DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health Address (Street, city, town, or county) NAME (Type) 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (Stote) 0 FORT LINCOLN BLADENSBURG. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURI VR A15ME (5) Misules Judge 1967 DATE 6M 1/66

The plant of		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01
FOR STATE		01998 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 0199	3/
HEALIH DEPI.		PLACE OF DEATH  2. USUAL RESIDENCE (Where Deceased lived, if institution Residence  o. STATE  MARYLAND  MARYLAND	e before odmission
f any delay is 1, 2, and 3 to rm PM3. Page Department of rs ofter death.		OF CITY/OR TOWN (If putside corporate limits, write RURAL and give recreate limits, write RURAL and give	negrest town)
0.0		d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
Po Po with with	3.	NAME OF First Middle Duck 4. DATE Month OF DECEASED (Type or print)	Day Year
	S.	SEX 6. COLOR, OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Jost birthday) Manths	YEAK IF UNDER 24 HRS. Days Haurs Min.
within 24 hou's a pencil in Item 18. caminer's Office of the pages Ion'? wid in any event w	10d	JUSUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11. BIRT FPLACE (State or foreign country) 12. CITI:	ZEN OF WHAT
thin 24 hour encil in Item miner's Office pages Ion in any even		FATHER'S NAME  14. MOTHER'S MAIDEN NAME	
be executed within "pending" in pencil nief Medical Examine ansit permit. File pag or removal, and in c	1S. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address  Address	(1)
e execute pending" ef Medical sit permit. removal,	-	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
should be the word "p to the Chief buriol-trons mation, or		493X IMMEDIATE CAUSE (a) DIL TO	
This certificate should be executed within 24 icate, writing the word "pending" in pencil in be forworded to the Chief Medical Examiner's the used os a buriol-transit permit. File pages in to buriol, cremation, or removal, and in any		Canditians, if any, which gave rise to immediate cause (a), stoting the underlying couse (b) DUE TO	
certificate , writing th orworded to used as a l buriol, crer	NO	part II. Other significant conditions contributing to death but not related to the terminal disease condition given in part I(a)	19. WAS AUTOPSY PERFORMED?
ER: This certificate, ould be for es. thould be unit prior to b., prior to b.	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY   ar CONTRIBUTING   CAUSE OF DEATH.  20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 ar Part II of item 18.)	AEZ NO
DEPULY MEDICAL EXAMINER: This sessory, please execute the certificate e funeral director. Page 4 should be fmoy be retained for your files.  FUNERAL DIRECTOR: Page 3 should be ealth or its designated agent, prior to	MEDICAL CE	CAUSE OF DEATH.  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Haur 2001). (Cour While Not While Not While Acctory, street, affice bldg., etc.)	nty) (State)
CAL EXAMINER: execute the certion. Page 4 should for your files. TOR: Page 3 shoughated agent, pr	W	21. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my apinia
MEDICAL please ex l director. retained f L DIRECTO		death resulted from: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .	
JTY M rry, ple erol di be retc RAL DI or its o		ACTUAL SIGNATURE  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S  DEPUTY MEDICAL EXAMINER  2./2.3/	22. DATE SIGNED
TO DEPUTY necessory, p the funerol 5 may be r TO FUNERAL Health or it	230	NAME (Type)  Address (Street, city, town, or (county)  ABURIAL REMATION 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (city or Town)	(County) (State)
	24	REMOVAL (Specify) 2-26-67 St. Edmonds Ch. Cews Calvert  FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	CO. Md.
VR A15ME (5)		Pinkney & Sewell Prince Frederick DATE FIE 28 1987 House	Cen Judge

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01999 CERTIFICATE OF DEATH by the funeral Pages 1 and 2 nours after death. requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY b. COUNTY Calvert Maryland MARYLAND Charles c. LENGTH OF STAY IN 1b c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside corporate limits, Rural-Prince Frederick 32 days Benedict and campletely filled in demaye carban papers. e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS Calvert County Hospital NO X YES 3. NAME OF Middle First Last 4. DATE Manth Day Year DECEASED James Copsev 2 6 67 Eugene (Type or print) 19 DEATH B. DATE OF BIRTH IF UNDER 1 YEAR | IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 9. AGE (In years 7. MARRIED **NEVER MARRIED** 8 last birthday) Manths Days Hours 9-23-80 X WIDOWED DIVORCED white male 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) COUNTRY? INDUSTRY Retired Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physi James Levi Copsev Zora Ann Wood 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address Waldorf, (Yes, no, or unknown) (If yes give wor or dates of service) 213-05-9633 Mrs. George T. Horsman. no crematian, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH COROLOW 4200 2 solis IMMEDIATE CAUSE (a) by DUE TO Conditions, if ony, which gave C 64.92 COND WAY 2 st asles sold rise ta immediate cause (a), DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending as the this certificate has been last. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) Health p YES NO far 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work of wark TO FUNERAL DIRECTOR: After Jan. 5, 1967, to Feb. 6, 1967, that (1) (we) last 21. I certify that (1) (this hospital) attended the deceased from\_ directar, page 3 shauld shauld be filed with the 167, and that death accurred at 7.202M, from causes and on the date stated above. saw the deceosed alive on Feb. 6. 22b. DATE SIGNED 22o. SIGNATURE 2-6-67 M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam F. el Damalouji. M.D. Prince Frederick. Maryland 23b\_DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY (County) 23a\_BURIAL CREMATION (State) REMOVAL (Specify) LLGhe 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE

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2-1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
FOR STATE	02000 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1005
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where depeased lived, If institutiony Residual STATE b. COUNTY b. C	ence before admission)
is necessary, of the funeral e 5 may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	give nearest town)
ay ay aga age ate ate	d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address)  d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
PM3. PM3. I	OF OF PRINT CAPTURE TO THE DEATH TO THE DEATH	Day Year
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deliplease execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. retained for your files.  O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with-the St of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours.	5. SEX   6. COLOR ON RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In years   IFUNDER 1 VI   Months   Day   WIDOWED   DIVORCED   MCL. 2 3 7 4   Months   Day   Yrs.	
Give Pa Give Pa ng with s 1 and ny event	during most of working life-even if retired) INDUSTRY COUN	TRY?
44 hours after 18. G Hem 18. G Office along File pages 1 and in any	13. FATHER'S NAME TO THE POST OF THE POST	,
within 24 pencil in II miner's Off permit. Fil removal, a	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, flog of unknown) (If yes give war or dates of service) 220-46-8208 104 free 1 may 12	My
rted wil Examine Sit per	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)	NTERVAL BETWEEN ONSET AND DEATH
uld be executed  I "pending" in  sf Medical Exar  a burial-transit  cremation, or	Conditions, if any, which gave rise to immediate (b)	
should to	cause (a), stating the DUE TO underlying cause last. (c) 7	19. WAS AUTOPSY
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his certif writing varded to lould be it, prior		(State)
NER: This ciffcate, write be forward ge 3 should ge 4 agent, ped 5 agent, ped 6 agent, ped 7 age	While Not While at work at work at work	of My
D DEPUTY MEDICAL EXAMINE please execute the certific director. Page 4 should be retained for your files.  5 FUNERAL DIRECTOR: Page of Health or its designated	death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined manner	and in my pinior
MEDICA xecute the Page 4 for your L DIRECT	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY D	22. DATE SIGNED
DEPUTY I please exe director. F retained fr FUNERAL of Health	EXAMINER'S NAME (Type)  23a. /BURIAL/CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)	y) (State)
To pleasing the property of Fig.	REMOVAL (specify) 3-4-67 Coopera church Cem. Calvert Co.  24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S S	MA.
VR A15ME 3500 4-64	Pinkney E. Sewell-Prince Frederick, Md. DATE MAR 2 1967 John	es Judge

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH death. **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 hours after death. completely filled in by the funeral ove corbon papers. Pages 1 and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission a COLINTY a. STATE b. COUNTY Calvert MARYLAND Marvland Calvert oon papers. Pages 1 within 72 hours after c. CITY OR TOWN (If autside corparote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If outside carparate limits. c LENGTH OF STAY IN 16 write RURAL and give nearest town)
Rural-Prince Frederick Olivet davs d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? NO Te Calvert County Hospital YES | 3. NAME OF First Middle Last 4. DATE Manth Day Year DECEASED (Type or print) Rosie Buck Howard 19 67 DEATH 5. SEX 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED birthdoy) Months Hours female negro WIDOWED DIVORCED 6-12-12 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY COUNTRY? Maryland

14. MOTHER'S MAIDEN NAME II.S.A 13. FATHER'S NAME James Buck Rebecca Skinner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, na, ar unknown) (If yes give war ar dates of service) Joshua Howard Olivet. Maryland no 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN buriol-transit ONSET AND DEATH IMMEDIATE CAUSE (a) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The fow requires the Poge 4 moy be retained by the hospitol or attending physicion. signed by DUE TO West - Ringion le reles of Conditions, if ony, which gove rise to immediate couse (a), DUF TO stating the underlying cause istorling re O FUNERAL DIRECTOR: After this certificate hos been lost. 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) for use YES NO 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I ar Port II of item 18.) 20e. PLACE OF INJURY (Home, farm, (City or town) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) factory, street, affice bldg., etc.) Nat While Feb. 6, 1967, ta Feb. 9, 1967, that (1) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. Feb. 9 19 67, and that death accurred at 7:300M, from causes and an the date stated above. saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 2-10-67 director, poge 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam F. el Damalouii.M.D. Prince Frederick, Maryland 230. BURIAL, CREMATION, REMOVA (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR VR A15 (4) 20 M 1/66

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 02002 FOR STATE HEALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b COUNTY P.M.3. Page death. and 3 to MARYLAND Department C LENGTH OF STAY IN 16 c. CFT OR TOWN (If outside corporate limits, write KURAL and give negrest town) b. EVIV OR TOWN (If outside comprate limits. vrite RURAL and give neorest town) after e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm hours NO Z ate YES Give Pages hours after death. 3. NAME OF Middle DATE First Month Doy Year DECEASED OF (Type or print) DEATH IF LINDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE birthday) (In years 7. MARRED NEVER MARRIED Months Hours Dovs Item 18. WIDOWED DIVORCED Office event pup 100. USUAL OCCUPATION (Owe kind of work done KIND OF BUSINESS OF (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? V.5 during most of working life even if retired) dny d "pending" in pencil in Chief Medical Examiner's pages pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within \_= File and 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT removal 210 1B. CAUSE OF DEATH (Enter only one couse per line for (o), burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: 0 IMMEDIATE CAUSE (o) This certificate should writing the ward cremation, DUF TO forwarded to the Conditions, if ony, which gove rise to immediate couse (o). DUE TO stoting the underlying couse lost. burial nsed 19. WAS AUTOPSY PERFORMED? PART IT OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) please execute the certificate. 0 should be 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) its designated agent, prior OF CONTRIBUTING PRIMARY MEDICAL EXAMINER: CAUSE OF DEATH. 20e) PLACE OF INJURY (Home, form/ 2Dd. INJURY OCCURRED 2Df. (Stote) 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) factory, street, office bldg., etc. FUNERAL DIRECTOR: Page of work 21. I certify that I taok charge of the remains described above, held an Autopsy [ Inspection Inquiry and in my apinian for the funeral director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner may be retained CHIFF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY Health or DEPUTY MEDICAL EXAMINER **EXAMINER'S** Address (Street, city, town, or county NAME (Type 230 BURIAL, TREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 0 REMOVAL (Specify) 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR FEB VR A15ME (5 6M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. USUAL RESIDENCE (Where deepended lived if institution; Residence before admission PLACE OF DEATH o. COUNTY o. STATE h COLINTY delay is and 3 to M3. Poge hours after deoth. MARYLAND c. LENGTH OF STAY IN 1b autside carparate limits, write RURAL and give negrest town b.XITY OR TOWN (If autside corporate limits. write RURAL and give nearest town NAME OF MOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? NO YES NAME OF 4. DATE Month y ear within 72 DECEASED DEATH (Type or print (In years 6. COLOR OR RACE DATE OF BIRTH birthdoy) Months Dovs Hours -WIDOWED DIVORCED any event 100, USUAL OF CUPATION (Give kind of work done during most of working life, even if refred) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT INDUSTRY COUNTRYP 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Jackson Laura Jane Hicks and 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address be executed (Yes, no, or unknown) (If yes give war or dotes of service) or removol. 705-12-3868 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ong (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) This certificate should cremotion, DUE TO forwarded to the Conditions, if ony, which gove rise to immediate cause (a). DUE TO stoting the underlying couse lost. 19. WAS AUTOPS) PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART TO PERFORMED? YES NO 20g. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED / Tenter nature of injury in Part I or Part II of item 18. designated agent, prior PRIMARY Or CONTRIBUTING CAUSE OF DEATH 20d, INJURY OCCURRED 20e PLACE OF INJURY Home, form (County) (State) 20c, TIME OF INJURY Month, Day, Year factory, street, office bldg, etc.) may be retoined for your FUNERAL DIRECTOR: Page 2). I certify that I taak charge of the remains described above, held an Autopsy Inspection / and in my opinion Notural couses Suicide deoth resulted from: Accident Undetermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE TO DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S Address (Street, city, town, or county) NAME (Type) 23o. BUMAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 REMOVAL (Specify) 2-18-67 Md. Moses Cemetery Bristol, Md. A.A. 25o, REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15ME (5) reteriet Ma DATE FEB 2 6M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death PLACE DE DEATH a. CDUNTY after the 1 Calvert Maryland MARYLAND CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b letely filled in by inches pages. Page t, within 72 hours a hours Rural-Prince Frederick 1 day North Beach d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Calvert County Hospital within NAME OF First Middle Last DATE DECEASED and compleremove carb Louise (Type or print) DEATH Riddle Lanham executed 5. SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED X NEVER MARRIED 2-10-22 WIDDWED female white DIVORCED 10a, USUAL OCCUPATION (Give kind of work done sician lease r and in .= 1Db. KIND OF BUSINESS OR death certificate be during most of working life, even if retired) INDUSTRY housewife nding physic Then plea removal, an Domestic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending remit. Ther Cleveland Riddle Elizabeth Taylor 15. WAS DECEASED EVER IN U.S. ARMED FDRCES?
(Yes, no, or unkown) (If yes give war or dates of service) ed by the attend transit permit. cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT 578-22-9988 Richard E. Lanham 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] The law requires that the signed by purial-transit PART I. DEATH WAS CAUSED BY O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that ti Page 4 may be retained by the hospital or attending physician. IMMEDIATE CAUSE (a been si, te buria DUE TD Conditions, If any, which (b) gave rise to Immediate DUE TO cause (a), stating as th underlying cause last. (c) for use Health certificate 2Da. ACCIDENT WAS UNDERLYING [7] 00 DIRECTOR: After this certage 3 should be detached filed with the State Dept. of DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE DF INJURY (Home, farm, factory, street, office bldg., etc.) Hour a.m. While at work Not While at work 21. I certify that (I) (this hospital) attended the deceased from Feb. 23 saw the deceased alive on Feb. Aber age 4 m. FUNERAL Dim. 22a. SIGNATURE STAFF X M.D. PHYS. DIRECTOR PHYS. PHYSICIAN'S 22c. ADDR ESS director, p sman Z. Ersoy. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY Burial (Specify) 27.1967 Christian Brothers Cem. FUNERAL DIRECTOR

1/65

2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Calvert c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE DN A FARM? NO x YES Month Year 19 67 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS last birthday) Months I Days Hours 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? District of Columbia Address North Beach. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. PERFORMED? NO F YES DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.) (County) (State) , 1967, to Feb. 21, 19 67, that (1) (we) last 211 19 67, and that death occurred at 7:20M, from the causes and on the date stated above. 22b. DATE SIGNED Prince Frederick. Maryland 23d. LOCATION (City, town or county) (State) Beltsville, Maryland 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE windo -DATE

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02006 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if institution: a. COUNTY 2, and 3 to PM3. Page a. STATE b. COUNTY of MARYLAND Department b. OTY OR TOWN (If outside corporate limits. A LENGTH OF STAY IN 16 c. CITY/OR TOWN (If autside capparate/limits, write RURAL and give nearest town) rite RURAL and give-negrest town) after 1 IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS haurs YES T NO 24 haurs after death. NAME OF First 4. DATE Manth Yeor' DECEASED (Type or print) DEATH 9. AGE (In years 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED last birthdoy) Months Davs Hours WIDOWED DIVORCED 100. JUSUAL OCCUPATION (Give kind of work done 11. BJRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) rd "pending" in pencil in Chief Medical Examiner's any pages 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME be executed within = pup 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor or dotes of service remaval. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH 0 IMMEDIATE CAUSE (o) This certificate should crematian, DHE TO Canditians, if any, which gave farwarded to rise to immediate cause (o). DUE TO stoting the underlying couse burial, PARTUL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO agent, prior to 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) PRIMARY TA or CONTRIBUTING CAUSE OF DEATH. 20c, TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, forth (City or town) (State) foctory, street, office blda of work designated 21. I certify that I took charge of the remains described above, held an Autopsy Inspection | Inquiry ond in my opinion the funeral director. death resulted from: Natural causes [ Accident Suicide Homicide | Undetermined manner be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER **SIGNATURE** TO DEPUTY Health ar DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Address (Street, city, tawn, ar county) 23a. BURNAL, CREMATION, REMOVAL (Specify) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 0 Brooks C. Island creek C.C. REGISTRAR'S SIGNATUR 24. FUNERAL DIRECTOR VR A15ME (5: 6M 1/66

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE. MARYLAND 21201 02007 CERTIFICATE OF DEATH death. requires that the death certificate be executed within 24 hours after death the ottending physician and completely filled in by the funeral sit permit. Then please remave corbon papers. Pages 1 and nation, or removal, and in any event, within 72 hours after death 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) I. PLACE OF DEATH b. COUNTY o. COUNTY o. STATE Calvert Prince Georges MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL ond give neorest town) Rural-Prince Frederick Rural - Brandywine IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Calvert County Hospital YES NO [ Route 1. Box 268 3. NAME OF Middle Lost 4 DATE Month Dov Year DECEASED 67 19 (Type or print) Sinclair Robert DEATH Monroe 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Dovs Hours 2-10-95 DIVORCED WIDOWED male negro 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR during most of working life, even if retired) U.S INDUSTRY Maryland 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME cremation, or removol, Winnie Ann Monroe WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 218-14-2154 Florence Monroe same INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) signed by the buriol-tronsit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY elelio = IMMEDIATE CAUSE (o) physician. DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the hospital or ottending os the TO FUNERAL DIRECTOR: After this certificate hos been PHYSICIAN: The law last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO Te for 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor foctory, street, office bldg., etc.) Hour o.m. While Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased from Feb. 23, 1967, ta Feb. 21, 1967, that (1) (we) last shauld saw the deceased alive an Feb. 211 19 67, and that death accurred of 1:20eM, from causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. Buca X 2-24-67 director, page 3 should be filed v M.D. PHYS DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Issam F. el Damalouji M.D. Prince Frederick Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) (Stote) 23o. BURIAL, CREMATION, REMOVAL (Specify) 11662611 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) Maca. 20 M 1/66 DATE

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR STATE 02008 MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. PLACE OF DEATH USUAL RESIDENCE (Wheel deceased lived, if institution: Residence before admission) 2, ond 3 to PM3. Poge o. STATE spartment of after death. MARYLAND b. LITY OR TOWN (If outside correcte limits, write RURAL and give negres town) c. LENGTH OF STAY IN 16 DR/IOWN (If outside comporate limits, write WRAL and give nearest d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? haurs Alto Hotel YES NO X 3. NAME OF Middle 4. DATE Month within 72 Doy DECEASED (Type or print OF DEATH Jr IF UNDER IF UNDER 24 HRS Months Hours 24 hours 11. BIRTHPLACE (Stote or foreign country) 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life even if retired Lastern COUNTRY? USA Maryland .= executed within pencil Exomine 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME W. Taylor Pierce, Sr. Hedwig Miller File ond 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yegive wor or dotes of service) removal. Mr. W. Taylor Pierce Sr. 924 North Hill Rd. 215-32-4336 18. CAUSE OF DEATH (Enter only one couse per in for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH cremation, or IMMEDIATE CAUSE (o) This certificate should Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse buriol, PARTITIOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO X YES EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED LEnter noture of injury in Port 1 or Port II of item 1B.) PRIMARY OF CONTRIBUTING 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED (City or town) Store FUNERAL DIRECTOR: Page 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection . Inquiry ond in my opinian death resulted from: Natural causes Suicide Accident \ Undetermined monner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22. D'ATE SIGNED SIGNATURE ASSISTANT MEDICAL EXAMINER TO DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 may 170 FUNER Health of H. W. Ward NAME (Type) Address (Street, city, town, or county) 23b. DATE THEREOF 2/10/67. 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Gardens of Faith Cemetery BWOAT (Betith) Baltimore, Md. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Leonard J. Ruck. Inc. Balto. Md. 21214 VR A15ME (5) DATE FEB 8 VChanley 1987

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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requires that the death certificate be executed within 24 hours after death a physician.  signed by the artending physician and completely filled in by the funeral build-transit permit. Then please remave carban papers. Pages 1 and 3 aburial, crematian, or remaval, and in any event, within 72 haurs after death			1B. CAUSE OF DEA	ATH (Enter only one ca	use per line for	(o), (b), ond (c).)	-/-							AL BETWEEN
quires that the physician. Signed by the burial-transit burial, cremati			PART 1. DEATH	I WAS CAUSED BY: IMMEDIATE CAUSE	(0) //	1-ma	lu	0.					ONSET	AND DEATH
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e law retending as been as the priar ta			PART II. OTHER SIG	NIFICANT CONDITIONS		TO DEATH BUT NOT R	ELATED TO T	HE TERMI	NAL DISEASE CO	NDITION GIV	EN IN PART 1(o)		19. WA	S AUTOPSY
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SPITAL OR ATTENI 4 may be retained VERAL DIRECTOR: A or, page 3 shauld Id be filed with the	1					ms, M. I					n, Mary	-		
He He He		230	REMOVAL (Specify)	23b DATE TH	EREOF 67	23c. NAME OF CEI			RY	-	OCATION (City or T		(County)	(Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH

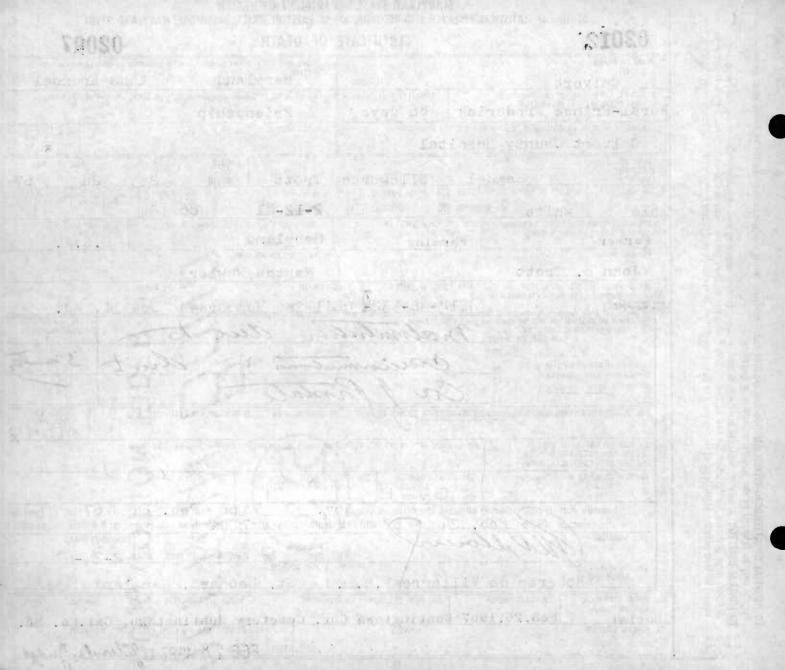
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0 and in any event, within 72 hours after death. PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) the attending physician and completely filled in by the funeral sit permit. Then please remove carbon papers. Pages 1 and PLACE OF DEATH b. COUNTY a. COUNTY o. STATE Marvland Calvert Calvert MARYLAND c. LENGTH OF STAY IN 1b c. CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside carparate limits, Rural-Prince Frederick Chesapeake Beach 4 days e. IS RESIDENCE DN A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspitol, give street address) d. STREET ADDRESS Calvert County Hospital Box 206. C Street YES NO T 4. DATE 3. NAME OF First Middle Last Day Year DECEASED Shumaker 16 67 Ernest James 19 DEATH (Type ar print) IF UNDER 1 YEAR | IF UNDER 24 HRS. DATE OF BIRTH 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** last birthday) Months Hours 5-28-94 white male WIDOWED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 10a. USUAL OCCUPATION (Give kind of work dane COUNTRY? Retired INDUSTRY Conductor (Transi Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Evelyn Cooper Robert R. Shumaker 17. INFORMANT IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, or unknawn) (If yes give wor or dates of service) 78-10-5261 Elsie Shumaker Chesapeake Beach, Md INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH descripes PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). DUE TD Conditions, if ony, which gave rise ta immediate cause (a). DUE TO far use as the t f Health priar to b stoting the underlying couse be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been lost. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 1B.) 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City ar town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Nat While factory, street, affice bldg., etc.) at work ot wark shauld be 21. I certify that (1) (this hospital) attended the deceosed fram Feb. 12, 1967, to Feb. 16, 1967, that (1) (we) lost sow the deceased olive on Feb. 16 1967, and that death occurred at 3.30 BM, fram causes and on the date stated above. 22b. DATE SIGNED 22o. SIGNATURE ATTENDING STAFF 2-16-67 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Roberto de Villarreal M.D. St. Leonard, Maryland director, shauld 23c. NAME OF CEMETERY OR CREMATORY 23d. LDCATIDN (City or Tawn) (Stote) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) Cedar Hill Cem. Wash.D.C. Feb. 18.1967 Burial 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR

Tone Owings, Md.

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 02012 CERTIFICATE OF DEATH 24 haurs after death attending physician and campletely filled in by the funeral permit. Then please remove carban papers. Pages 1 and an, ar remaval, and in any eyent, within 72 hours after dear I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. STATE Maryland o. COUNTY b. COUNTY Arundel Calvert MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) Rural-Prince Frederick 86 days Friendship d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Calvert County Hospital YES NO requires that the death certificate be executed within NAME OF Middle 4. DATE Year Doy DECEASED event, Samuel Trott (Type or print) Ellsworth DEATH 19 S. SEX IF UNDER 1 YEAR 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthdoy) Months Dovs Hours 2-12-81 X WIDOWED DIVORCED male white 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A during most of working life, even if retired) INDUSTRY Maryland Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John B. Trott Martha Fowler 1S. WAS DESEASED EVER IN U.S. ARMED FORCES? (Yes, no, or or dotes of service 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. 218-36-5324 unknown Lillian Humphreys Md. Dowell. crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond,(c), signed by the burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a) DUF TO te has been suse as the kealth priar to be stating the underlying couse Page 4 may be retained by the haspital ar attending lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) of Health YFS NO After this certificate for 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work 21. I certify that (1) (this haspital) attended the deceased fram Nov. 30 19 66, ta Feb. 211, 19 67, that (I) (we) last 3 shauld saw the deceased alive an Feb. 21 19 67, and that death accurred at 7:20 M, fram causes and an the date stated above. FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR PHYS. director, page shauld be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Roberto de Villarreal.M.D. St. Leonard, Maryland 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Feb. 26.1967 Runtingtown Chr. Cemetery Huntingtown Cal C
ADDRESS L2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Burial 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66



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